

MICHIGAN DEPARTMENT OF AGRICULTURE (MDA)

Farmers' Market Application

for the "2006-07 Farm Market, U-Pick & Ag Tourism Directory"

Please print or type complete information clearly. Please return with your \$40 check made out to the State of Michigan to the address on reverse side.

Farmers' Market Name: \_\_\_\_\_ County Location \_\_\_\_\_

MARKET Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Market Master(s) : \_\_\_\_\_ Home Phone: \_\_\_\_\_

Market Master's Mailing Address: \_\_\_\_\_

Business or Cell Phone: \_\_\_\_\_ Market Master's E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_ OK to Link? Yes or No Business Fax: \_\_\_\_\_

Market Days \_\_\_\_\_ Times open: \_\_\_\_\_ Months open: \_\_\_\_\_

Fruits, Vegetables, & other items ready for sale \_\_\_\_\_

Do you accept Project Fresh Coupons? \_\_\_\_\_

Special Features: \_\_\_\_\_

Handicap Accessible: (Circle one) Market: Yes or No Restrooms: Yes or No

Please describe your products and/or activities in 20 words or less below:

Return this form with your check for \$40 payable to the State of Michigan.

Please mail the form and your check by April 7, 2006 to:

Michigan Dept. of Agriculture, Agriculture Development Division,

P.O. Box 30017, Lansing Michigan 48909

For more information, please call 517-241-4131 or email: [slocumc@michigan.gov](mailto:slocumc@michigan.gov)